File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

102 Millery HD

	OCIMINANT PAGE			275, g 🔨 📑
COMMITTEE NAME (Must be same as on Statement of Org.	anization)		1 . 12 11	
NEIGHBORS FOR COLE	MAN	[FORM	
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Cand Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	2)State PAC (3)State Party	' (<u> </u>	DR-2 (Rev. 07/2007) For Office Use Onl	_
CANDIDATE COMMITTEES ONLY: Candidate Name CHRIS COLEMAN Office Sought DSM CITY COUNCIL	Political Party (if applicable) District (if Senate or House)	S	ogged in Scanned	
DOM CHICOUNCIL	at large			
Late reports are subject to possible civil and criminal penalties. Pu	rsuant to lowa Code sections 68B.32A	(7) and 68	3A.401(3), the can	didate, for a
Marce Barry SIGNATURE OF PERSON FILING REPORT	277-8568		Jan 20,	2008
CONTRACT PERSON FILING REPORT	TELEPHONE		DATE SIG	SNED
I AM FILING A Jan 19th	REPORT FOR (1) ELECTION		ELECTION YEA	R.
(report date)	Indicate by #			
CHECK IF AMENDMENT TO REPORT DATED		Local Com	mittees, enter Date	of Election
☐ Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.	Dissolution Form DR-3.	County & L	ocal Committees, o	
STATEMENT OF CASH ON HAND				
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Tot committee. This amount MUST be the same as the confit of the last reporting period or must be zero if this is fire	al of all funds held by the	\$	14,56	9.38
CASH ON HAND at the beginning of the reporting period. (Tot	al of all funds held by the	\$	14,56	9.38
CASH ON HAND at the beginning of the reporting period. (Tot committee. This amount MUST be the same as the cof the last reporting period or must be zero if this is first ADD TOTAL MONEY TAKEN IN THIS PERIOD	al of all funds held by the ash on hand at the end st report filed.)			
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CASH ON HAND at the beginning of the reporting period. (Tot committee. This amount MUST be the same as the confidence of the last reporting period or must be zero if this is first ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule F: Schedule H: Total Sales of Campaign Property (Attack Schedule H: Applies to Candidates' Commischedule H: Applies to Candidates' Commischedule B: Expenditures total (Attach Schedule B) (Schedule B: Expenditures total (Attach Schedule B) (Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final Reporting Period (if Fina	al of all funds held by the ash on hand at the end st report filed.) le A) (*also see in-kind below) ch Schedule H) ittees Only) SUB-TOTAL **also see debts and loans below) F) ut balance must be zero)	\$\$\$	559 20,16 145 5586	15.53 4.91 15.90

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CONTRIBUTIONS -- MONEY TAKEN IN

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Α (Rev. 07/03)

MONETARY **RECEIPTS**

CHECK THIS BOX IF AMENDING FORM

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RÉLATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER INCOME
11-2-07	ID#	LORI ILES		S.	
	CK#	14002 WILLOW DR CLIVE, 1A 50325		\$100	
11-2-07	ID#	JOAN CHRIST			
	CK#	JOAN GHRIST 3550 LINCOLN PLACE DIR DSM 1A 50312		100-	
11-2-07	ID#	MARGARET SWANSON		,	
	CK#	2808 E 16th St ADT 18 DSM, 14 50316	1.	50-	
11-2-07	ID#	DOUGSIEDEN BERLY			[
	CK#	640 SOUTHFORK DR WANTER, 1A 50263		100	
11-2-07	ID#	DAN VARNUM			
	CK#	3502 SW COURT AVE ANKENY, 1A 50023	-	50	
11-2-07	ID#	Tim meline			
100	CK#	3619 SW 26 DSM, 1A 50321		50	
11-2-07	ID#	Wm C Kimball			
(() -)	CK#	6725 AU gustine CT JOHNSTON 1A 50131		100 -	
11-2-07	ID#	MICHAEL TREINEN			
•	CK#	906 CALFORNIA OR DSM. 1A 50312		50-	
11-2-07	ID#	Kent Henning			
	CK#	GT27 EAGLE RIVGE JOHNSTON 1A 50131		100-	
11-2-07	ID#				
	CK#	RIC JURGENS 3068 JORDAN GEV W DSM 1A 50267		250-	
	<u> </u>	111 2000	SUB-TOTAL	s950	
		TOTAL (if last page	of this schedule)	\$ 150	;
		, , ,	•	¢ .	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

Reset Form

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	(Rev. 07/03)	l

MONETARY RECEIPTS

CHECK THIS BOX IF

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
NEIGHBOR FOR COLEMAN	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
11-2-17	ID#	CLANCY SULLIVAN			
11-2-07	CK#	4200 AMICK OVE		\$250	<u> </u>
11-2-07	ID#	TRISH SULLIVAN			<u> </u>
(1) 200	CK#	4200 MICK ME DSM LOWA		250	<u> </u>
11-2-07	ID#	RICH EYCHANGR			
10207	CK#	PO BUX 1797" DSM. 1A 50305		100-	
	ID#	bs//, (f) -0005			
	CK#				
11-3-07	ID#	EMMA Susan Fenton			
11000	СК#	1245 42na 1A 57311		50	
11-3-07	ID# 6207	HOME BUILDERS ASSC. OF DSM			
	CK# 1005	GISI COLP DR JUHNSTON, 1A 50131		200-	
11/3-07	ID# 6112	PACEG			
	CK#1528	PO BUX 855 DSM 1A SUBO4		100-	<u>L</u>
1307	ID#	ALL KROUSE			
	CK#	6400 WESTOWNE PARKYUM UN DSM 1A 50266		20	
1-3-07	ID#	JAMES COUNIC			
	CK#	141 37th 50312		250	L
1-3-07	ID#	Patti Courie			
	CK#	141 37th 1A 50312		250-	
<u> </u>			SUB-TOTAL	\$1700	
		TOTAL (if last page	e of this schedule)	41100	
		(-	I \$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of______

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

	SCHEDULE	*
	A (Rev. 07/03)	MONETARY RECEIPTS
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AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
11-2-07	ID# CK#	BERNARD BARKER III 1105 GLEN OAKS DR W OSM , IA 50266		\$250	
11-2-07	ID# CK#	PAUL POTTEN BEPUT 9050 NW G2ND AVE JOHNSTON, 1A 50131		100-	
11-2-07	ID# CK#	THOMAS MC BRIDE III 718 POOK BLUD DSM 1A 50312		25-	
11-2-07	ID# CK#	KAPEN ANDERSON 4916 CEOARDR W DSM 1A 50266		89	
11-2-07	ID# CK#	FRED HUBBELL 2300 TERRACE PD DSM. 1A 50312		150-	
11-2-07	ID# CK#	TED OHMART 1026 315+ WDSM 1A 50266		50-	
1+2-07	ID# CK#	Jim Nahas 4803 VALLEY UIEW LN W DSM. 14 50265		50-	
11-2-07	ID# CK#	MICHAEL COPPOLA 4521 PLUER DR SUITEC DSM 1A 50321		250-	
11-2-07	ID# CK#	JOHN NORWOOD 1611 GREEN BEANCH CIRCLE WDSM 1A 5026		25	
112-07	ID# CK#	CRAIG WINTERS SIZ TUTTLE ST DSM [CWA 50309		100-	
•			SUB-TOTAL	\$ (050	-

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

Reset Form

CONTRIBUT	PIONE	MONEY	TAKEN	IAI
CUNIKIBUI	IUNS	MUNEY	IAKEN	1N

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	

SCHEDULE		
A (Rev. 07/03)	MONETARY RECEIPTS	
CHECK THIS BOX IF AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
W SC	ID# CK#	Children of the Children		\$	
11-7-07	ID# CK#	DENNY ELWEL PO BOX 187 MKMY, 14 DOZI		250-	
11-7-07	ID# CK#	CANDY ELWERL PO BOX 187 AMVENY, 1A DOZI		50-	
11-13-07	ID# CK#	Patty Link 4129 FUREST AVE DSM 1A 50311		100	
1-13-07	ID#	ABE WOLF BIOLINGASON AND DSM. 1A 50312		250	
11-13-07	ID# CK#	Bonald Daniels 3101 Ingresoli ave 05m 1A 50312		250-	
13-13-07	ID# CK#	SHELDON RABINOWITZ ISW 518+ DSM, (A SUBIZ		25-	· · · t.
11-13-07	ID# CK#	Cara Heiden 12911 Timberline Dr Urbandale, 1A		loU	
11-13-07	ID# CK#	Patricia Pia 329 1760 stantora Ave St. Paul MN SSIOS	sister	100-	
4-13-07	ID# CK#	Rick see Gubbels 2812 Virginia a 05 M lowa 50321		100-	
-			SUB-TOTAL	\$1225	

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Page _____of____of___

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

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Personal Property and Personal Property of	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS	
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TATE CANDIDATES NOTE: IF A CONTRIBUTION IS DECENIED FROM A STATE DAY (DOLLTICAL AC	TION COMMITTEEN	LIST THE DAG IDENTIFICATION

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE*	RECEIVED	FUND-
(MIM/DD/TR)	NUMBER		(if applicable)		RAISER INCOME
11-17-07	ID#	Jomes Simmins			
	CK#	1405 5 42nd		\$100	
- · · · · · · · · · · · · · · · · · · ·		WDSM 1A 50265		100	
11-17-07	ID#	PHILIP SUMMER WORTH			
	CK#	00 Box 1000		5u-	
1. 4-	ID#	wanter, 14 50263		<i>-</i> 00	
11-17-07	10#	movese coustan		1	
-	CK#	4902 Cedar De	·	25-	L
11 12 =	ID#	W DSM, 14 50 266		\sim	
ルーローフ		Andris Kitsis		<i>/</i> . <i>-</i> .	
	CK#	2901 Beaver nue DSM 1A 50310		50-	
12-3	ID#	DOUG GROSS / EILEEN GROSS			
120	CK#	4117 ASH BY		50-	
	OIN#	Dsm 14 50310	·		
12.3	ID#	ELAINE GAUL			1.77
	CK#	3600 48 th		40-	
	10.0	DSM 1A 50310		1 -	
12.3	ID#	JOE MCGREAL			
	CK#	22575 CAMPFIEE RD		30	
	I ID#	monficello, 1A 52310			
12.3		3000 PATRICA DRIVE		150-	
	CK#	05m 1A 50322			<u> </u>
12 2	ID#	KATHLEEN LILLIS			
12.3	CK#	3000 PATRICA DIZ		150	
	UN#	DSM 14 (0322		130	
	ID#	CHECKINU			
	CK#	NOTE OF THE STATE		25.53	
		INTEREST 8/07 to 12/07		03.30	
			SUB-TOTAL	17052	

TOTAL (if last page of this schedule)

Page ______ of ______

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

NEIGHBORS FOR COLEMAN

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID# 2016	VOID Y		
	CK#			s —
	ID# 2017	SAM'S CLUB	SUPPLIES	
	ск#	DSm. 1A	KIDS FOR COLEMAN	14.
	ID# 2018	VOID >		
	CK#			
	ID#2014	Teri Siembieda	F0000	
	CK#	7618 HICKORY URBANDALB, LA	KIDS FOR COLEMAN	175.14
	ID# 2020	Holf off the Pres	Anting	
	CK#	DSM, IA		2000.00
	ID# 2024	Dahl's	Postage	
	CK#	BEAVER DSM. IA		82.00
	ID# 2022	Holf off the Press	Printing	
	CK#	DSM, IA		608351
	ID#	Barb Hildebronat	Supplies.	
	CK# 2023	DSM, IA	Sophii	123.13
		I	SUB-TOTAL	C ===

SUB-TOTAL \$

TOTAL (if last page of this schedule)

\$8609.0<u>3</u> \$ -

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME	/ A			
JUMMII IEE NAME:	IWIIST DA SAMI	n ac on Statement	of ()n	agnizotion
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CHEIS COLEMAN

EXPENDITURE (II applicable) AND PAC CHECK NUMBER ID# CK# 2024 Dom 1A Mailings / Mank yous \$ 123 ID# Cayter Printing Dom. 1A Printer Ink CK# 2024 Dom. 1A Printer Ink CK# 2024 Dom. 1A Printer Ink CK# 2024 Dom. 1A ID# Wadekreig Election Might CK# 2027 Dom. 1A ID# CK# 2027 Dom. 1A ID# Kids for Cole man CK# 2028 Dom. 1A ID# CK# 2029 Dom. 1A ID# CK# 2030 Dom. 1A ID# CX 2	U, i.e.		7.4110		
CK# 2024 Deaver	EXPENDED	ID NUMBER (if applicable) AND PAC CHECK	EXPENDITURE		AMOUNT EXPENDED
CK# 2025 D5M, 1A mailing mailing 3509 Il/S CK# 2026 D5M, 1A Printer Ink TO D5M, 1A Il/L CK# 2026 D5M, 1A Il/L CK# 2027 D5M, 1A ID# Wadekreig Election Hight 200. ID# Barb Hildebrand Kids for Coleman 330 CK# 2028 D5M, 1A Il/L CK# 2028 D5M, 1A II/L CK# 2028 D5M, 1A II/L CK# 2028 D5M, 1A II/L CK# 2029 D5M, 1A II/L CK# 2020 D5M, 1A		CK#2024	Dom ia		\$ 123.00
Office Depot Printer Ink 11/5 CK# 2026 DSM. IA 11/12 CK# 2027 DSM. IA 10# Wadekreig Election Might 200. 10# Barb Hildebrand Kids for Coleman 330 11/14 CK# 2028 DSM. IA 11/14 CK# 2029 DSM. IA 11/19 CK# 2030 DSM. IA		CK# 2025	D5M, (A		350696
Wadekreig Election Ment 200. ID# Barb Hildebrand Kids for Coleman 330 IV ID# Capital Fruit Kids for Coleman 66 IV ID# CK# 2029 DSM, IA Kids for Coleman 66 IV ID# CK# 2029 DSM, IA Election Night 959	11/5	CK# Z024p	05m, 1A	Printer Ink	77.88
CK# 2028 DSM, IA IVI CK# 2029 DSM, IA VIA CK# 2029 DSM, IA VIA CK# 2030 DSM, IA Election Night 959	11/12	ск# 2027	D5M, 1A		200.00
1/19 CK# 2030 B&B OK# 2030 Desmaines, IA Election Night 955		CK# 2028			330-
19 CK# 2030 Desmoines, 1A Election right 955	"Id	CK# 2 029		Kids for Coleman	66-
11/ ID# Marie Coleman Supples for	•	CK# 2030			955-
27 CK# 2031 DSM, 1A Kias tur Coleman 89	1/27	·	macieColeman	Supples for Kias for Coleman	89.26

THIS BOX APPLIES	TO CANDIDATES	'C	COMMITTEES	ONLY

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME	(Must be sa	ame as on S	Statement o	f Organization)
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DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	CK# 7.32	Filstander Fran IF	17.1	\$ 360-
	ID# CK# Z033	KWKY-Rdiavo DSM, 1A	radio Ad	200
·	ID# CK#	CHECK PRINTING FE CORNERSTONE	OHECK PRINTING FEES	14,40
	ID# CK#	BANKING FEES BANKERS TRUGT	BANK FEES JAN- 416,2007	45.37
	ID# CK#			

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

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SUB-TOTAL